

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000025388

1. Entity Name

FLORIDA RESURFACING SYSTEMS, INC.

FILED

Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90123 050 ***158.75

Principal Place of Business

4025 W. WATERS AVE
#111
TAMPA FL 33614

Mailing Address

4025 W. WATERS AVE
#111
TAMPA FL 33614

2. Principal Place of Business

2415 CLARK RD
Suite, Apt. #, etc.

3. Mailing Address

2415 CLARK RD
Suite, Apt. #, etc.

City & State

TAMPA, FL.

City & State

TAMPA, FL

4. FEI Number

59-3572853

Applied For

Not Applicable

Zip

33618

Country

HILLSBOROUGH

Zip

33618

Country

HILLSBOROUGH

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAMILTON, ROGER L
6001 WILLIAMSBURG WAY
TAMPA FL 33625

7. Name and Address of New Registered Agent

Name ROGER L, HAMILTON

Street Address (P.O. Box Number is Not Acceptable)

2415 CLARK RD

City

TAMPA, FL.

State

Zip Code

33618

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: *Roger L. Hamilton Pres.* ROGER L HAMILTON

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE:

4-19-01

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

X

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

X

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HAMILTON, ROGER L	
STREET ADDRESS	6001 WILLIAMSBURG WAY	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CABRERA, EDUARDO	
STREET ADDRESS	3104 STEEPLE CHASE RD	
CITY-ST-ZIP	ZEPHYRHILLS FL 33543	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGER L. HAMILTON	
STREET ADDRESS	2415 CLARK RD	
CITY-ST-ZIP	TAMPA, FL. 33618	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDUARDO CABRERA	
STREET ADDRESS	4221 CHASE DR	
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Roger L. Hamilton ROGER L HAMILTON

4-19-01

813-882-0918

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)